



CCDR & FD Electronic Filing Access Code

CANDIDATES / OFFICE HOLDERS ONLY

State Ethics Commission

205 Jesse Hill Jr. Drive, SE

Suite 478 - East Tower

Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION

Candidate/Office Holder's Identification - Please Print

Application Status NEW AMENDED Year of Election: _____

Name of Candidate
or Office Holder _____

Office Sought or Held _____

Address _____

City, State Zip _____

Contact Phone _____ Alternate Phone _____

Email Address _____

I understand that with the filing of this application a password (PIN) for **both** the
Personal Financial Disclosure Statement (FD) and the Campaign Contribution
Disclosure Report (CCDR) will be sent to my above email address.

I understand this confidential PIN is assigned to the above Candidate/Office Holder and only the State Ethics Commission staff and the listed filer will have access to this confidential number.

Verification - Must Be Notarized

State of _____, County of _____.

FILER: I, the undersigned Candidate/Office Holder do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF CANDIDATE/OFFICE HOLDER: _____

NOTARY PUBLIC (sign name): _____

PRINT NOTARY'S NAME: _____

My Commission expires: _____

This document was sworn to or affirmed and subscribed before me on _____, 20____

For Office Use Only

CCDR
FilerID:

FD
FilerID:

Approved By _____

Date _____